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MEMORANDUM FOR: Director of Medical Services

SUBJECT : Program Objectives

- 1. We have reviewed the proposed objectives for the Office of Medical Services submitted with your memorandum of 13 February 1973, and offer the following comments and suggestions:
 - a. Suggest the first objective be restated: "Reduce the Office of Medical Services manpower level in FY 1974 by two below the FY 1973 level." As stated your objective could be interpreted to mean that you will reduce your strength by two positions in each of the next two fiscal years. If you are willing to make that commitment you should by all means say so. It may be better to avoid that commitment now, however, and make such a commitment next year after you have completed some of the reviews of your activities which may show where additional personnel savings can be realized.
 - b. Objective 2 A(1) might be restated by simply moving the action verb to the beginning of the sentence: "Review in FY 1975 20% of OMS activities to determine if they are still justified...."
 - c. The same suggestion applies to objective 2 A(2): "Develop in FY 1974 systems/procedures to permit...."
 - d. There is no requirement to state objectives simply for the continuation of on-going activities, but there is no harm in it. If you elect to keep the statement as in 2 B for the Clinical Division you might consider changing the placement of the verb to say: "Continue the basic CD program of preventive medicine...." It would be sufficient, however,

to begin with 2 B(1) and that might be restated: "With the ultimate objective of screening x thousand - y thousand employees (or all employees in the Headquarters area or some other gross number) every three years, beginning in FY 1978 (or whenever)

"(3) conduct an estimated x number of follow-up medical evaluations in cases identified in the screening process as requiring it." I can't tell whether you can make this kind of estimate realistically but it may be possible if you have information now which shows that

can be realistically estimated) in FY 1975;

or one of whatever number of people now examined is identified as requiring further evaluation. Again, such numbers should not be regarded as absolutes; statistical estimates will suffice. We may err in the first year but the margin of error should be reduced in ensuing years.

The latter part of this objective where you refer to the procurement of additional services, scheduling, and operating the MPT/PHE seems more pertinent to the action plans which will be necessary to the accomplishment of the objective than to the objective itself. They will have to be stated more specifically as parts of the action plan than they are now, however. Instead of "certain additional non-staff professional and technical services," the action plan should state what "certain" means; should specify what particular services will be procured. The action plan should also specify how many (or how much) "additional" services will be procured in relation to some identifiable base. The number of employees to be scheduled over what

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e. Suggest that 2 B(2) be restated: "Increase by 100 over FY 1974 the number of annual physical examinations conducted in FY 1975." Another way of stating it, perhaps the preferable way, would be: "Conduct x annual physical examinations more than the number predicted for FY 1974."

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The second sentence of 2 B(2) as you have stated it would seem to fit the action plan better than the objective, but with the addition of some specifics as suggested above.

- f. In the objective for the Selection Processing Division it is not clear whether you intend to offer the orientation to an expanded audience or simply to expand the content of the orientation. If the audience is to be expanded, how many more will it cover? Isn't this tied in with, or a part of the Overseas Orientation managed by the Office of Training? If the expansion is intended to relate only to the content of the program, I wonder whether it is of such significance in terms of extended effort or expenditure of resources that it warrants the statement of a separate objective. Wouldn't it be more pertinent to state an objective in terms of the volume of health services to be offered in each category during each of the two fiscal years? Will those services be extended or diminished, or changed in any way?
- g. Won't there be any change in the level of effort the Psychiatric Staff will devote to alcoholism and drug abuse? How many special studies of what kind do you expect to undertake and complete during FY 1974 and

expect to undertake and complete during FY 1974 and

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h. Will there be no change in the level or kind of activity of the Psychological Services Staff in terms of testing and assessment? What is expected from the computer terminal experiment? Won't there be additional and improved test scoring and assessment results? What are your objectives for that project? What kinds of special activities will be undertaken and how will that volume compare with last year? What new ones are expected and planned?

The objectives for the Behavioral and Social Sciences program stated in paragraphs 2 E(1), (2), (3) and (4) are good and are approved.

i. The objective for the Operations Division again raises the question of whether to state any objective at all if maintenance of an on-going program is all that is contemplated and you expect to be doing the same things over again in FY 1974 and FY 1975 that were done in earlier years. I wonder, however, if that is really to be the case. I believe we were told in the recent annual briefing that the computer files are to be moved from ISD/DDP to OCS. Is the completion of that transfer a reasonable objective to state? Will there be any follow-on action? Is there no intention to expand or purge the drug or person-to-person file? Are there no new activities or expansion of present ones planned for this Division? What is the Agency medical training program; what is its purpose; what are you trying to achieve?

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Have you coordinated with the Office of Communications, or stated a requirement for Communications support for the exchange of medical data with the field? What result is desired from such an exchange? What conditions or circumstances are you trying to correct? Is it intended to be a worldwide service or only in certain areas to begin with? What benefits will the central laboratory and diagnostic facility provide?

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- The objectives of the Support Division would be improved if they answered such questions as by how much the Medical Chart Room will be expanded in terms of space and numbers of charts; if additional space will be required, how will it be acquired; at what rate will the charts be converted to the terminal digit system and when will the conversion be complete; what benefits will be derived from the conversion; and what is meant by "operation of the revised records system?" Another way of stating these objectives might be, for example: "(1) Expand the OMS Medical Chart Room by x square (cubic) feet during the first quarter of FY 1974 to accommodate y additional charts at an expected growth rate of z charts per month. This will be accomplished by moving partition a, eliminating z dressing rooms, or by microfilming and purging x cubic feet of files. " "(2) Convert x cubic feet of medical charts to a terminal digit color coded system during the first quarter of FY 1974, or at the rate of x cubic feet per month with all charts to be converted by the end of the first quarter of FY 1975." If the conversion is to serve some system objectives beyond a simple gain in space, those objectives might be stated as well, particularly those which relate to the implementation of SIPS systems.
- 2. In general, I think we have shown substantial progress toward the definition of reasonable objectives. We sent to you a few days ago a copy of three chapters from a book we acquired recently. I expect you will find these useful in revising your objectives. You should resubmit the revisions as soon as possible since they become an important part of the Program submission and should be approved as early in the process as possible.

John W. Coffey
Deputy Director
for Support

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